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Non-binary reproduction: Stories of conception, pregnancy, and birth

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ABSTRACT

Background: Many non-binary individuals AFAB (assigned female at birth) seek gestational parenthood. However, the limited available literature is often focused on trans men and overlooks the conception, pregnancy, and birth experiences of non-binary parents.

Aims: The study aimed to capture the unique reproduction narratives of non-binary people AFAB.

Methods: Five non-binary individuals volunteered to participate in this study. Data were collected using largely unstructured, in-depth, tape-recorded interviews. Thematic analysis of the verbatim transcripts and tape recordings yielded a chronological, cohesive narrative for each participant. Four participants reviewed their narrative and confirmed that their story was accurately represented. The individual narratives were then woven into one collective narrative, and common themes across the participants' stories were identified.

Results: Before conception, most participants considered how to balance their medical and social transitions with their reproductive goals. Conception was relatively easy and straightforward for the four participants who used their partner's sperm. The gendered nature of, and language surrounding, pregnancy greatly impacted participant's reproductive experiences, leading to feelings of isolation and loneliness, difficulties finding maternity clothes and gender dysphoria. Participants desired gender-affirming care and reported mostly positive experiences with their healthcare providers. Their gender identity influenced their experiences of parenthood, as well as the decisions they made regarding the disclosure of their gender identity to others, their gender presentation, chestfeeding, and parental designations.

Discussion: The cisnormative and heteronormative scripts that surround pregnancy shaped the reproductive narratives of those who participated in this research. The findings reinforce the importance of inclusive, gender-affirming healthcare and social support services.

KEYWORDS
Narrative inquiry; non-binary; pregnancy; qualitative; reproduction; transgender

Introduction

Many non-binary people AFAB (assigned female at birth) seek gestational parenthood. However, the limited available literature is often focused on trans men and overlooks the conception, pregnancy, and birth experiences of non-binary parents. Non-binary is a term that generally refers to people who do not prescribe to the gender binary. These individual's gender identity may fall outside, or between male and female identities, they may experience being a man or woman at separate times, or they may not experience having a gender identity at all. Approximately one third of transgender individuals identify as non-binary (Matsuno & Budge, 2017). As a result of living in a society that is structured around binary gender identities, non-binary people face added challenges relative to the wider transgender population. They experience greater negative mental health outcomes and additional discrimination (Matsuno & Budge, 2017). In light of these disproportionate difficulties, it is important that we understand more about non-binary people's experiences, particularly those related to conception, pregnancy, and birth.

Many, if not most trans men, retain their reproductive organs and their capacity to have children (Obedin-Maliver & Makadon, 2016; Tornello & Bos, 2017; T'Sjoen et al., 2013). Relative to binary trans people, non-binary individuals AFAB are less likely to seek medical

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procedures (James et al., 2016), and therefore, are even more likely to retain their reproductive capabilities. Of the available reproductive options, these individuals might choose to conceive, carry, and birth their children to create their families (Wierckx et al., 2012). While there is growing societal acceptance of the trans community and an increasing body of literature regarding trans fertility (Mattawanon et al., 2018; Riggs & Bartholomaeus, 2018) and pregnancy (Charter et al., 2018; Light et al., 2014), the experiences and identities of non-binary individuals are largely overlooked.

The limited available literature on transgender pregnancy is rooted in the gender binary system and is primarily focused on trans men (Charter et al., 2018; Ellis et al., 2015; Hoffkling et al., 2017; Light et al., 2014; MacDonald et al., 2016). Additionally, past studies on transgender pregnancy have been conducted using primarily survey data (Charter et al., 2018; Ellis et al., 2015; Light et al., 2014; Riggs et al., 2016; Tornello & Bos, 2017; Wierckx et al., 2012). Furthermore, when non-binary individuals are included in reproduction research, they are often lumped in with the experiences of binary transgender people (Riggs & Bartholomaeus, 2018). Addressing these gaps, this study is specifically focused on non-binary people's experiences of conception, pregnancy, and birth, through the use of a bottom up, in-depth, qualitative methodology.

The existing literature suggests that isolation and loneliness are predominant features of trans men's experiences with pregnancy (Charter et al., 2018; Ellis et al., 2015; Light et al., 2014). It is common for this population to grapple with feasible methods of parenthood, to struggle with decisions about disclosure of their trans identity, and to contend with the possible incongruence of pregnancy with their gender identity (Charter et al., 2018; Ellis et al., 2015; Walks, 2015). Furthermore, they are often left without robust social support and frequently face transphobia and extensive discrimination (Grant et al., 2011; Pyne, 2012; Pyne et al., 2015). It is important to understand more about the unique experiences of non-binary individuals and the extent to which their reproductive and parenting experiences are similar to, and different from, trans men to best support this population during their reproductive and parenting journeys. To begin to better understand the reproductive experiences of non-binary individuals, the following question guided this research study: *How do non-binary people narrate their stories of conception, pregnancy, and birth?*

Method

Narrative analysis

A qualitative, inductive narrative approach was used to answer the research question, because such an approach relies on rich accounts that are treated analytically as holistic units (Riessman, 2008). Narrative analysis' reliance on story-telling honors individual agency and intention and permits participants to tell their stories in their own words, capturing each individual's rich and unique account (Riessman, 2008). Given the problematic history of voyeurism and objectification in transgender research, maintaining the content and integrity of each participant's story was particularly important to begin to give voice to the experiences of members of this marginalized population (Vincent, 2018).

The telling of birth stories is a ubiquitous and important social practice. Predominantly, these stories are told by cisgender, heterosexual women, often neglecting and erasing the voices and reproductive experiences of queer and trans individuals AFAB. Narrative inquiry is a particularly powerful methodology as it allows a focusing in on the experiences of marginalized people and makes these experiences visible (Riessman, 2008). The cisnormative, heteronormative context within which non-binary people AFAB conceive, carry, and birth their child(ren), is invariably intertwined with their lived experience, and cannot be disentangled from the stories they tell. Therefore, a narrative approach was particularly well suited to this study because it centered the individual in the context, spaces, and societies in which they inhabit (Riessman, 2008).

Participants and recruitment

After University ethical approval was obtained, participants were purposefully sampled. Recruitment materials were circulated to community contacts

and posted on relevant social media platforms. Inclusion criteria included: identifying as other than cisgender; having biologically conceived, carried, and birthed a child; having a child between the age of 6 months and 5 years old; and being fluent in English. Participants were excluded if they had experienced previous reproductive losses (e.g. stillbirth). Eligibility was determined during a phone screening interview. Five eligible participants elected to participate.

Data collection

Data were collected during one, in-depth, unstructured interview. Unstructured interviews are in line with narrative inquiry as the goal of narrative interviewing is to generate detailed accounts rather than to merely answer questions (Riessman, 2008). In unstructured interviews, participants are more likely to discuss sensitive material, participants have more control and agency, and the depth of data is increased (Corbin & Morse, 2003). This interviewing style allows for a conversation to take place between participants and the researcher who are all actively constructing narrative and meaning together (Riessman, 2008). Given the sensitive nature of this topic, the interviews were conducted in a manner that aimed to minimize any potential harm or distress to participants.

Participants were emailed the consent form one week prior to their interview. This form detailed the purpose of the study, listed any potential risks and benefits, and the procedures that were taken to ensure confidentiality. The consent form was reviewed and signed at the outset of their interview. Each participant was then asked, "what is your story of conception, pregnancy, and birth?" The interviews lasted between 60 and 90 minutes. At the end of each interview, basic/relevant demographic information was collected, including their gender identity, pronouns, and chosen pseudonym. Four data collection interviews were conducted over the encrypted video conferencing software, Zoom, and one interview was conducted in person. The author, a white, childless, non-binary, queer person conducted all of the interviews. Participants were compensated $50 CAN as a token of appreciation.

Data analysis

All interviews were recorded and transcribed verbatim by the author. To protect participants' identities, pseudonyms were used in the transcripts and narratives, and potentially identifying details were removed. The author reflected on their social location and preunderstandings throughout all stages of the study to ensure, to the extent possible, that these did not impact the data collection or construction of the narratives. Each transcript was read individually two to three times, significant sections were identified, and a chronological, cohesive narrative was written by the researcher for each participant.[1] These narratives relied heavily on interview material and participants' actual words. After all of the individual narratives were written, participants were sent their story and invited to participate in a member checking interview to ensure that their story was accurately captured. Four out of five participants were able to be reached to provide feedback on their narrative. All five narratives were then thematically analyzed and woven into one common narrative[1] that included the themes and experiences shared by the participants in their reproductive journeys (Lieblich et al., 1998). The common story and themes are presented chronologically under the headings: conception, pregnancy, birth, and parenthood. The pseudonyms and pronouns used were provided by participants.

Results

Participants

The average age of participants was 34.8. All participants were well educated, holding either a bachelors, masters, or doctorate degree. At the time of their interviews, participant's children ranged in age from one to seven years old. Four out of five participants were married to their partner/co-parent, and Sam was co-parenting with a good friend of theirs. Only one participant, Alex, had elected to undergo hormone therapy prior to conception and continued hormone therapy after ceasing chestfeeding. Three participants (Sam, Finley, and Sol) sought midwifery care during their pregnancy, and two participants (Alex and Perri) were cared for by doctors during

Table 1. Summary of Participant Demographics.

Participant	Gender Identity	Sexual Orientation	Ethnicity/ Racial Identity	Number of Children	Age	Partnership Configuration
Sam	Non-Binary	Queer	White	1	33	Partnered – "it's complicated"
Finley	Non-Binary	Queer	White	3	31	Married to a trans woman
Alex	Transmasculine/Non-Binary	Queer	White	2	32	Married to a cisgender man
Sol	Non-Binary	Pansexual	Multiracial	2	44	Married to a cisgender man
Perri	Non-Binary	Queer	White	1	34	Married to a cisgender man

their pregnancy. All participants lived in urban areas in Canada at the time of the interview.

Conception

When interviewed, participants often mentioned that prior to conception, they *consciously considered how to balance their medical and social transitions with their reproductive goals*. This contemplation included balancing medical treatments such as hormones and surgery, but predominantly focused on the social aspects of transition. One participant likened this experience to the career compromises people make when starting a family. Alex reflected on how societal expectations impacts the consideration of balancing transition and reproductive goals:

> It feels like you can't do the two at the same time … you're kind of compromising one way or the other … like obviously I can't physically transition at the same time as I'm pregnant because that's medically contraindicated. Socially, it doesn't just stand still, but it moves backwards, because a lot of that is about how other people see you when you're pregnant … as a woman. It's only ever really a circus if you start [trying to conceive] after you've begun transitioning because at that point it's like you're invalidating societies ideas about gender. If you do it before transitioning, well then that doesn't count. It's kind of all the really outdated ideas about what transition means, and what it means to change your gender in the eyes of society has a lot more to do with validating society's ideas about gender than it is about your own.

Highlighting the physical and social complexities of pursing both biological parenthood and transition, Alex eloquently captures how the gender binary impacted his reproductive experiences. For two other participants, the tension they felt between their reproductive and transition goals centered specifically around sequencing top surgery and nursing their children. For example, Perri said, "Knowing that I probably did want to have kids someday, and that having a breast reduction or top surgery can significantly reduce your ability to nurse a kid … I decided to hold off." This quotation demonstrates just one aspect of the decisions non-binary people make when it comes to prioritizing their reproductive or transition goals.

Overall, *conception was relatively easy and straightforward* for most participants. All participants desired to become parents prior to becoming pregnant. Four out of five of the parents conceived their children with their partner, using their partners' sperm and their own oocytes. Sam used their own oocytes and their co-parent's brothers' sperm to conceive their child, a process which lasted over two years. Finley's wife was actively transitioning while they were trying to conceive their third child, which complicated their conception process. However, while they were unsure of the viability of her sperm, the couple was able to successfully conceive their third child within three months. For these five participants, the ease or difficulty of conception was dependent on the availability or sperm, their partner's gender identity, and their relationship configurations. Perri remarked on the privilege they experienced as a result of their relationship configuration:

> I was assigned female at birth and have a cis male partner, so the actual conception part, you know, when you talk about queer conception and adoption stories, I have a lot of privilege there, it was a relatively easy process for us.

This comment reminds us of the multitude of considerations non-binary people AFAB may need to navigate when considering how to have a family through gestation. In addition to the sex and gender identity of their partner/co-parent, further factors that influence reproductive options include age, socioeconomic status, and the impact of any medical interventions

undergone as part of their transition (T'Sjoen, Van Caenegem, Wierckx, 2013).

Pregnancy

Four out of five of the participants had routine, uncomplicated pregnancies. Contrastingly, Sol experienced multiple health complications during both of their pregnancies. Identifying as non-binary greatly contributed to Sol's difficulties:

> I had complicated pregnancies, both of them were complicated, and therefore I felt a ton of pressure to present as female as possible so there wouldn't be another barrier to care. I realized that if I was presenting as how I wanted to, as more masculine, that would become another argument in favour of I didn't want the baby, that I was doing this to myself, I didn't deserve good treatment.

This quotation illuminates the stark reality of transphobia in many reproductive health settings. The social scripts that have traditionally governed pregnancy create barriers and needless challenges for non-binary people pursing biological parenthood.

Prior to engaging their bodies in pregnancy, four participants were aware of their gender identity. However, it was not until their third pregnancy that Finley discovered their non-binary identity. Shortly after becoming pregnant, Finley began to experience feelings of gender dysphoria. "I felt uncomfortable in my body, with my breasts and belly growing and not being able to hide it." During their third pregnancy, they came out to themselves, immediate family, and care providers as non-binary. Finley explained that their wife had transitioned a couple of years ago and that her experience provided Finley with the language and resources to better able to understand their own feelings of gender dysphoria.

A central theme in all five narratives was *how the gendered nature of being pregnant impacted their experiences*. Some linked the gendered ideas surrounding pregnancy with their experiences of loneliness and isolation. For example, Alex stated:

> I find that pregnancy is an incredibly gendered experience. Everything from the support groups and the online causal peer groups to the culture of it, the expectations, the apps that are designed for it, everything is incredibly gendered. It's really alienating… they just have these assumptions that pregnancy is an inherently female thing. Even my trans friends while I was pregnant would slip up and gender me female… just because… it's just such a deeply subconscious association for so many people… it's really invalidating. It's made me feel more isolated than I would feel otherwise… you're in a position of having to fight for that and I just don't have the energy for it… that level of self-advocacy is extremely isolating and it's hard enough really.

Similarly, Finley noted:

> When you're visible as a pregnant person, you get a lot of gendered energy directed towards you. Everyone assumes that you're a mother and that's how you identify, and that you have a husband… the heteronormative, cisnormative stuff… it's hard to have those conversations all the time.

Sol mentioned how "extremely tiring" it was to deal with the way that "people talk about [pregnancy], the way society talks about [pregnancy]… because everything around pregnancy and childbirth is so ridiculously gendered." These quotations begin to capture the pervasive cisnormative ideals the inextricably link femininity with pregnancy and make the experiences of non-cisgender individuals invisible. All participants discussed the onus of education and advocacy they carried throughout their reproductive journeys, particularly during pregnancy. This assumed responsibility to explain, defend, and justify non-binary pregnancy often led to feelings of isolation, exclusion, and exhaustion.

Another area all the participants reported related to the gendering of pregnancy was *the challenges of finding appropriate, non-feminine maternity clothes*. Given the gendered nature of pregnancy, participants found that looking for clothes that fit their pregnant body while also being gender-affirming was difficult and very alienating. Sol said, "It was impossible to find maternity clothes that weren't super femininized." Clothing is often an important aspect of affirming trans and non-binary individual's identities, and the lack of gender-neutral or masculine maternity clothing forced participants to find creative solutions. These included wearing a suit-jacket over a too-large t-shirt, maternity overalls, sweatpants, and muscle shirts to assist with nursing.

The experience of gender dysphoria was varied amongst the five participants. Some felt dysphoric while pregnant, others felt uncomfortable at points, but gender dysphoria was not at the

forefront of their experience. Contrastingly, Sam enjoyed being pregnant. While this was a mixed experience amongst participants, a common thread among participants' stories was *how the language used by others led to feelings of gender dysphoria*. In the words of Sam: "I didn't feel dysphoric in my body, I felt dysphoric in the language used to talk about my body." This experience included people referring to them as "mom," being asked invasive questions about their gender and bodies, being misgendered, and facing people's assumptions about their partnership and parenting configurations. Commenting on their experience of gender dysphoria, Finley said that it was "mostly how other people portrayed me; I just really didn't like it. I can be pregnant myself and not view it as a female, mothering event but when it comes from other people it feels challenging." Relatedly, Perri said:

> Actually, the experience of being pregnant, I didn't experience dysphoria, like body stuff. My hips and thighs and breasts all got bigger, you know, I probably wouldn't have chosen that, but I knew that it was coming. In terms of my experience from inside my body, it was fine, but it was so weird how people read me … public stuff.

Once again, the impacts of cisnormativity are evident within participants' narratives. It was not the *actual experience* of pregnancy that led to feelings of gender dysphoria, it was the *assumptions and language* of others.

Birth

Four out of five participants birthed their children "the old-fashioned way" (Alex) while Perri opted to have a C-section due to complications. Unsurprisingly, all *participants desired and sought gender-affirming care*. Access to care depended on participants' geographical location and financial resources. Finley, a birth worker, shared:

> Despite working in hospitals, I have a phobia of birthing in one … I didn't want to be in that system when I went into labour … dealing with people who wouldn't necessarily respect our family, our pronouns, or wishes, or you know, especially in terms of having a medicalized experience.

Similar to Finley, Sam explicitly sought midwifery care from a gender-affirming midwife so they would: "not have to deal with questions about my family, to not have to deal with telling everyone about my gender, to not have to deal with all these people who don't know us, and I don't trust to be affirming of our family and identity." The fear surrounding, and the reality of, the lack of gender-affirming care in reproduction settings informed their choices. Four participants chose to disclose their gender identity to their healthcare providers; however, this did not always result in healthcare providers using and respecting their pronouns.

Some participants made conscious choices about their gender presentation when accessing reproductive healthcare to increase their chances of receiving compassionate care. For example, Sol said, "The more I appear cisgender, female, the more we look like the traditional, hetero couple, the better we'll be treated." This action once again speaks to the reality of the transphobic and heteronormative attitudes that persist in reproductive health services and the significant amount of work that needs to be done to increase accessibility and inclusivity.

For those who did not have access to gender-affirming care, they regularly encountered unknowledgable healthcare providers. This experience often left these individuals feeling "demoralized" and "dismissed" and was reflected by the words of Alex during his birth:

> They were very eager to show how supportive they were, but none of them were really educated on the subject … a lot of them used it as an opportunity to educate themselves by turning it into a classroom experience. I should not have to be educating healthcare providers … I was in the position of knowing more than them about a subject … meaning that they were not wholly qualified to handle me as a patient.

Despite some challenges, overall participants reported having *mostly positive experiences* with their healthcare providers during their births. Participants who did not have access to gender-affirming care related their positive experience to the medical competence of the health-care providers. For those who had access to gender-affirming care, they related their positive experience to their care providers being gender-affirming. Sam, who had a gender-affirming midwife,

noted, "I can't imagine, I think the whole process would have been so different if I didn't have access to that care." Alex commented on how the healthcare staff treated him in regard to his gender identity:

> As a transgender parent, I received very compassionate care from my providers, but it was clear that they were not accustomed to working with transgender patients. Most of them, they tried, they really wanted me to know that they supported me but they were not good about remembering pronouns, and when it came to nurses or support staff, they were in and out and they often weren't informed and you know, we'd have to tell them all over again. I tried to use male terms with my genitals, but it was an extremely awkward experience because they had to first figure out what I was talking about and then they had to pretend to not be weirded out by it.

This quotation underscores the need for increased trans-competent and inclusive healthcare at all levels, including support staff. As seen in this statement, the onus to advocate, educate, and prompt healthcare staff landed on Alex and his partner. While he received compassionate care during his birth experience, his experience was also wrought with microaggressions. Examples of this include having to remind staff of his pronouns and that it was awkward to inform them of the terms he uses for his genitals. Experiences such as these create barriers to accessing healthcare for non-binary and trans people, and can contribute to their overarching feelings of isolation and loneliness (Charter et al., 2018; Ellis et al., 2015).

Parenthood

Participants' *gender identity influenced their experience of being a parent* in various ways. For most, this meant defining their parenting identity outside of the bounds of the heteronormative, cisnormative scripts. Participants commented on how queer parenthood opened up new parenting and partnership opportunities and allowed for more equal, nontraditional divisions of labor in their families. Sam decided to step outside of traditional family configurations and co-parent with their good friend. Others returned to work while their co-parent remained at home with the child(ren). Finley discussed the guilt and internal conflict they felt after returning to work when their baby was 7 days old, based on their own internalized heteronormative assumptions:

> I felt like I was sort of failing as a parent. But then I had to realize that I had these heteronormative assumptions still stuck in my head, that the person who gives birth is the one who needs to stay home with them … our baby is at home with their other parent. So, I had this sense that it had to be me until I sat back and realized, I'm not putting them in daycare as a 7-day old, they're at home with their other parent. And that is okay, and in heteronormative families if you have a father go back to work after 7 days, nobody thinks anything of it. But because I'm the birthing parent, there is this assumption that the mother stays home, and birthing parent equals mother who needs to stay home for a certain amount of time. So, it was harder on my own recovery but once I let go of some of that guilt and the heteronormative assumptions behind those things, I felt better about it.

Each participant's gender identity also informed the decisions they made about disclosing their identity to others and their gender presentation, especially when it came to prioritizing the well-being of their children. The words of Sol capture this theme: "I felt this intense pressure to, that she and I would both be safer the more feminine I was."

The gender identity of participants' children also impacted their experiences of parenthood. Two participants chose to use they/them pronouns for their child and commented on the challenges they faced in having to continually navigate, explain, and defend this decision to other parents and people. This led them to exercise caution when accessing parenting groups and connecting with other families as they would often feel nervous about whether other parents would be accepting of both their, and their child's, pronouns. Sol, who has a trans daughter, found that navigating the dynamic of their family, and both their and their daughter's gender identity, influenced their parenting experience:

> I feel this intense pressure to not let my gender dysphoria affect [my children]. That's one of the hardest parts of parenting and being dysphoric, or struggling with my identity, is the responsibility to both experience my feelings, and honor those, and shield them from it. The dynamic in our family of her being trans and me, it feels so heightened …

> making that space is a big part of navigating my own experience.

Sol's experience with gender dysphoria points to an additional, complex layer of parenting that accompanies parenting a trans child while being trans.

Conflicting feelings related to chestfeeding was another theme that emerged from the narratives as all five participants chose to nurse their children. Three participants did not enjoy nursing and found it to be a dysphoric experience to varying degrees. Contrastingly, Sam found that nursing their child: "relaxed [their] relationship with [their] body and [their] chest because it now has a purpose." Most participants discussed nursing in terms of this functionality: "This is just the way the baby gets fed … this is why I kept these. I may as well get some use out of them." (Perri).

Participants also had to contend with the *lack of options regarding non-binary parental designations*. In response, most encouraged their children to use their first names as parental designations. For example, Perri said:

> The language stuff was complicated, and I had conversations with my family about how I didn't want to be referred to as the baby's mom. I tried to find other parent options … none of them really felt like they worked. So, yeah, just parent and she'll call me by my name, which isn't ideal but it's fine.

Trans and queer parents often grapple with parental designations and are challenged to negotiate these with themselves, their partners, families, and child(ren). Labels such as "mom" and "dad" communicate identity and therefore, have the power to both affirm or deny an individual's gender identity (Petit et al., 2017). These titles are rooted within the gender binary system and are heavily laden with cisnormative, heteronormative ideals about parenting roles.

Discussion

A thorough review of the literature suggests that this is the first peer reviewed study to exclusively focus on the conception, pregnancy, and birth experiences of non-binary individuals. The findings of this study demonstrate how cisnormativity and heteronormativity influence each stage of non-binary people's reproductive journeys. These social systems assume that all families are comprised of a heterosexual, cisgender couple and their heterosexual, cisgender children (Downing, 2013; Oswald et al., 2012). Furthermore, assumptions that people's body parts, gametes, gender, sex, sexual orientation, and family configurations are all inextricably linked underpins these normative ideologies (Epstein, 2018). For example, it is assumed that an individual assigned female at birth will have a vagina, cervix, and ovaries, identify as a woman, be attracted to men, and eventually have a family with a cisgender man. Previous scholars have analyzed how these social forces are embedded within reproductive healthcare and how they impact LGBTQ + people's perinatal experiences (Charter et al., 2018; Epstein, 2018; James-Abra et al., 2015; Obedin-Maliver & Makadon, 2016; Richardson et al., 2019; Ryan, 2013). The normative notion that "woman" and "motherhood" are synonymous contributes to, and perpetuates, non-binary and trans people's experiences of exclusion, isolation, loneliness, discrimination, and lack of resources during reproduction (Charter et al., 2018; Epstein, 2018; Ryan, 2013). The reality that these pervasive social forces negatively impact non-binary individual's reproductive experiences necessitates that we begin to disentangle gender from the acts of conception, pregnancy, and birth.

The findings of the current study are largely consistent with a number of recent studies highlighting the unique features of trans men's pregnancy (Charter et al., 2018; Ellis et al., 2015; Hoffkling et al., 2017; Light et al., 2014; MacDonald et al., 2016; Obedin-Maliver & Makadon, 2016). In the present study, the pervasive gendering of pregnancy as a female-only activity contributed to participant's feelings of isolation and loneliness. This finding is consistent across the literature regrading trans men (Charter et al., 2018; Ellis et al., 2015; Light et al., 2014). Additionally, the experiences of participants in this study regarding the prioritization and sequencing of their transition and reproduction goals mirrors the experiences of participants in Hoffkling et al. (2017) study. In the interviews with 10 transgender men, Hoffkling et al. (2017) found that there was a tension for participants

around sequencing testosterone therapy and reproduction. While Alex grappled with this, the other participants in the current study emphasized the tension surrounding the social aspects of transition and pregnancy.

Previous literature has accentuated the role of transition in trans men's reproductive experiences (Ellis et al., 2015; Light et al., 2014). Although the non-binary participants who took part in this study commented on both social and medical transitions in relation to their reproductive stories, this experience was not at the forefront of their narratives. Rather, they highlighted the complexity of living outside of, or between, the gender binary and the nuances of how the cisnormative gendering of pregnancy influenced their experiences. Furthermore, they emphasized how heteronormativity and homophobia contributed to the assumptions made about their family configurations, to the fear they felt being queer in healthcare settings, and to the internalization of ideas about the division of parenting roles and responsibilities.

Similar to previous research, the experience of gender dysphoria was varied amongst participants (Charter et al., 2018; Ellis et al., 2015; MacDonald et al., 2016; Obedin-Maliver & Makadon, 2016). Mirroring what MacDonald et al. (2016) found, participants in this study made a distinction between their internal experience of gender dysphoria and gender dysphoria that resulted from the gendered language of others. This finding is particularly relevant to service providers. By using the correct pronouns and mirroring patient's language about their bodies, identities, and family configurations, service providers are well positioned to positively influence non-binary individuals' perinatal experiences and reduce their patient's experiences of gender dysphoria.

The available literature indicates that healthcare providers are not well trained to work with trans individuals and the trans population is a medically underserved population (Giblon & Bauer, 2017; Richardson et al., 2019). In particular, those working in reproductive healthcare settings are often ill equipped to work with trans patients (Hoffkling et al., 2017; James-Abra et al., 2015; Light et al., 2014). Consistent with the reports of the participants in this study, a lack of knowledge combined with the cisnormative and heteronormative ideals within highly gendered clinical settings erects barriers and creates challenges for non-binary individuals accessing reproductive care (Epstein, 2018). Service providers can limit these challenges by increasing the gender inclusivity of their services. By educating themselves on transgender-specific topics (rather than relying on their patients to educate them), mirroring patient's language, explaining why sensitive questions are clinically relevant, acknowledging the long history of abuse trans people have faced within and beyond healthcare settings, and allowing patients to make choices about their reproductive care, service providers can provide gender-affirming care (Hoffkling et al., 2017). The experiences of participants in the current study and their desire for gender-affirming care reinforce these recommendations.

While there are undeniable challenges that accompany non-binary pregnancy and parenthood, the findings of this study indicate that there are also advantages. The positionality of non-binary individuals outside of cisnormative, heteronormative scripts allows for increased possibilities to create their families in ways that do not rely on gendered norms (Downing, 2013; Haines et al., 2014; Hines, 2006; Oswald et al., 2012; von Doussa et al., 2015). As seen in this study, some non-binary parents are constructing their families in ways that do not rely on romantic relationships, inventing unique divisions of labor, generating their own parenting identities, and not gendering their children. Previous scholars have suggested that trans parents are uniquely positioned to challenge the hegemonic gendered ideas of 'masculinity' and 'femininity' that are tied to particular parenting practices (Downing, 2013; Haines et al., 2014; Ryan, 2009). Furthermore, trans individuals may build their families in ways that do not depend on biological ties if they have experienced discrimination by their families of origin (Downing, 2013; Maguen et al., 2007).

In addition to the advantages of the unique positionality of non-binary parents, there was a notable optimistic tone across participant's stories. Overall, while their stories highlighted the unique aspects of conception, pregnancy, and birth as a non-binary person, the majority of

participants expressed that their experiences of conception, pregnancy, and birth were not especially challenging. This finding contrasts the available literature on transgender pregnancy (Charter et al., 2018; Ellis et al., 2015; Light et al., 2014; Obedin-Maliver & Makadon, 2016). A possible explanation for this finding is that the flexibility afforded by non-binary identities may accommodate some of the prescribed 'feminine' aspects of pregnancy. Additionally, the participant's in this study represent a privileged proportion of the non-binary AFAB community as all were partnered, well-educated, lived in urban settings, and the majority (4/5) were white. This fact almost certainly influenced the positive tone of their stories. This finding must be interpreted with caution given that only five participants participated in this study and therefore, it cannot be generalized. Furthermore, there may have been a self-selection bias whereby those who had more positive experiences elected to participate.

Limitations

A limitation of this study is that the sample was relatively small and homogeneous in terms of ethnicity (white), socioeconomic status (middle class), and location (urban). Efforts taken to recruit individuals who reflect greater diversity were unsuccessful. Future research is needed to explore the experiences of individuals from diverse racial, socioeconomic, and rural backgrounds. While member checking is a strength of this study, it is important to note that one participant was unable to be reached to confirm the accuracy of their individual narrative. However, their narrative did not differ significantly from the other narratives – lending strength to the accuracy of the common narrative.

Conclusion

The findings of this study underscore the need for significantly more research in the area of non-binary reproduction, in particular, research that continues to explore the reproduction and fertility experiences and needs of non-binary individuals and their partners. Also, the consequences of transition (hormone therapy and surgical intervention) on reproductive outcomes (fertility, conception, pregnancy, and chestfeeding) need to be more fully evaluated. Finally, the findings of this study revealed how parents' gender identity influenced their parenting experiences. This topic would also be a useful area for continued study.

This article examined the reproduction narratives of five non-binary parents. Participants shared their personal and nuanced birth stories and shed light on how the pervasive gendering of pregnancy permeated their reproductive experiences. These narratives challenge the cisnormative, heteronormative status quo and highlight the need for increased gender-affirming support, training for staff and service providers, and more research in this area. Finally, the findings of this research accentuate the essentiality of disentangling gender from the biological acts of conception, pregnancy, and birth and changing practice and policy to allow greater freedom and flexibility for non-binary people AFAB to create their families.

Note

1. To read each individual's narrative and the common narrative, please refer to chapter 4 in the author's thesis (Fischer, 2020).

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Disclaimers

This article is based on the MA thesis work of the author. Earlier stages of this work have been presented at the conferences: Congress 2019, Vancouver, Canada, June 2019 and the Canadian Professional Association for Transgender Health, Montreal, Canada, November 2019. Furthermore, based on the findings of this research, the author wrote a book chapter meant to act as a knowledge translation tool to be published in the book: Reproduction and Parenting Beyond the Binary.

Disclosure statement

The author declares they have no conflict of interest

Informed consent

Informed consent was obtained from all individual parties included in the study.

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References

Charter, R., Ussher, J. M., Perz, J., & Robinson, K. (2018). The transgender parent: Experiences and constructions of pregnancy and parenthood for transgender men in Australia. *International Journal of Transgenderism*, *19*(1), 64–77. https://doi.org/10.1080/15532739.2017.1399496

Corbin, J., & Morse, J. M. (2003). The unstructured interactive interview: Issues of reciprocity and risks when dealing with sensitive topics. *Qualitative Inquiry*, *9*(3), 335–354. https://doi.org/10.1177/1077800403009003001

Downing, J. B. (2013). Transgender-parent families. In A. E. Goldberg & K. R. Allen (Eds.), *LGBT-Parent Families: Innovations in Research and Implications for Practice* (pp. 105–115). Springer.

Ellis, S. A., Wojnar, D. M., & Pettinato, M. (2015). Conception, pregnancy, and birth experiences of male and gender variant gestational parents: it's how we could have a family. *Journal of Midwifery & Women's Health*, *60*(1), 62–69. https://doi.org/10.1111/jmwh.12213

Epstein, R. (2018). Space invaders: Queer and trans bodies in fertility clinics. Sexualities, *21*(7), 1039–1058. https://doi.org/10.1177/1363460717720365

Fischer, O. (2020). *Transmasculine and non-binary reproduction: Stories of conception, pregnancy, and birth* [Master's thesis]. https://circle.ubc.ca/

Giblon, R., & Bauer, G. R. (2017). Health care availability, quality, and unmet need: A comparison of transgender and cisgender residents of Ontario. *Canada. BMC Health Services Research*, *17*(1), 283. https://doi.org/10.1186/s12913-017-2226-z

Grant, J. M., Mottet, L., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011). Injustice at every turn: A report of the national transgender discrimination survey. *Washington National Center for Transgender Equality and National Gay and Lesbian Task Force*, 1–228. https://www.transequality.org/sites/default/files/docs/resources/NTDS_Report.pdf

Haines, B. A., Ajayi, A. A., & Boyd, H. (2014). Making trans parents visible: Intersectionality of trans and parenting identities. *Feminism & Psychology*, *24*(2), 238–247. https://doi.org/10.1177/0959353514526219

Hines, S. (2006). Intimate transitions: Transgender practices of partnering and parenting. *Sociology*, *40*(2), 353–371. https://doi.org/10.1177/0038038506062037

Hoffkling, A., Obedin-Maliver, J., & Sevelius, J. (2017). From erasure to opportunity: A qualitative study of the experiences of transgender men around pregnancy and recommendations for providers. *BMC Pregnancy and Childbirth*, *17*(Suppl 2), 332. https://doi.org/10.1186/s12884-017-1491-5

James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., Anafi, M. A. (2016). The report of the 2015 US transgender survey. *National Center for Transgender Equality*. Washington. https://www.transequality.org/sites/default/files/docs/USTS-Full-Report-FINAL.PDF

James-Abra, S., Tarasoff, L. A., Green, D., Epstein, R., Anderson, S., Marvel, S., Steele, L. S., & Ross, L. E. (2015). Trans people's experiences with assisted reproduction services: a qualitative study. *Human Reproduction (Oxford, England)*, *30*(6), 1365–1374. https://doi.org/10.1093/humrep/dev087

Lieblich, A., Tuval-Mashiach, R., & Zilber, T. (1998). Categorical-content perspective. In A. Lieblich (Ed.), *Narrative research: Reading, analysis, and interpretation* (pp. 112–140). Sage. https://doi.org/10.4135/9781412985253

Light, A. D., Obedin-Maliver, J., Sevelius, J. M., & Kerns, J. L. (2014). Transgender men who experienced pregnancy after female-to-male gender transitioning. *Obstetrics and Gynecology*, *124*(6), 1120–1127. https://doi.org/10.1097/AOG.0000000000000540

MacDonald, T., Noel-Weiss, J., West, D., Walks, M., Biener, M., Kibbe, A., & Myler, E. (2016). Transmasculine individuals' experiences with lactation, chestfeeding, and gender identity: a qualitative study. *BMC Pregnancy and Childbirth*, *16*(1), 106. https://doi.org/10.1186/s12884-016-0907-y

Maguen, S., Shipherd, J. C., Harris, H. N., & Welch, L. P. (2007). Prevalence and predictors of disclosure of transgender identity. *International Journal of Sexual Health*, *19*(1), 3–13. https://doi.org/10.1300/J514v19n01_02

Matsuno, E., & Budge, S. L. (2017). Non-binary/Genderqueer identities: A critical review of the literature. *Current Sexual Health Reports*, *9*(3), 116–120. https://doi.org/10.1007/s11930-017-0111-8

Mattawanon, N., Spencer, J. B., Schirmer, D. A., III,., & Tangpricha, V. (2018). Fertility preservation options in transgender people: A review. Rev Endocr Metab Disord, *19*(3), 231–242. https://doi.org/10.1007/s11154-018-9462-3

Obedin-Maliver, J., & Makadon, H. J. (2016). Transgender men and pregnancy. *Obstetric Medicine*, *9*(1), 4–8. https://doi.org/10.1177/1753495X15612658

Oswald, R. F., Blume, L. B., & Marks, S. R. (2012). Decentering heteronormativity: A model for family studies. In V. Bengtson, A. Acock, K. Allen, P. Dilworth-Anderson, & D. Klein (Eds.), *Sourcebook of Family Theory and Research* (pp. 143–165). Sage Research Methods. https://doi.org/10.4135/9781412990172

Petit, M., Julien, D., & Chamberland, L. (2017). Negotiating parental designations among trans parents' families: An

ecological model of parental identity. *Psychology of Sexual Orientation and Gender Diversity*, *4*(3), 282–295. https://doi.org/10.1037/sgd0000231

Pyne, J. (2012). Transforming family: Trans parents and their struggles, strategies, and strengths of trans parents. LGBTQ Parenting Network. Canada.

Pyne, J., Bauer, G., & Bradley, K. (2015). Transphobia and other stressors impacting trans parents. *Journal of GLBT Family Studies*, *11*(2), 107–126. https://doi.org/10.1080/1550428X.2014.941127

Richardson, B., Price, S., & Campbell-Yeo, M. (2019). Redefining perinatal experience: A philosophical exploration of a hypothetical case of gender diversity in labour and birth. *Journal of Clinical Nursing*, *28*(3-4), 703–710. https://doi.org/10.1111/jocn.14521

Riessman, C. K. (2008). *Narrative methods for the human sciences*. Sage Publications.

Riggs, D. W., & Bartholomaeus, C. (2018). Fertility preservation decision making amongst Australian transgender and non-binary adults. *Reproductive Health*, *15*(1), 1–10. https://doi.org/10.1186/s12978-018-0627-z

Riggs, D. W., Power, J., & von Doussa, H. (2016). Parenting and Australian trans and gender diverse people: An exploratory survey. *International Journal of Transgenderism*, *17*(2), 59–65. https://doi.org/10.1080/15532739.2016.1149539

Ryan, M. (2009). Beyond Thomas Beatie: Trans men and the new parenthood. In R. Epstein (Ed.), *Who's your daddy? And other writings on queer parenting* (pp. 139–150). Sumach Press.

Ryan, M. (2013). The gender of pregnancy: Masculine lesbians talk about reproduction. *Journal of Lesbian Studies*, *17*(2), 119–133. https://doi.org/10.1080/10894160.2012.653766

Tornello, S. L., & Bos, H. (2017). Parenting intentions among transgender individuals. *LGBT Health*, *4*(2), 115–120. https://doi.org/10.1089/lgbt.2016.0153

T'Sjoen, G., Van Caenegem, E., & Wierckx, K. (2013). Transgenderism and reproduction. *Current Opinion in Endocrinology & Diabetes and Obesity*, *20*(6), 575–579. https://doi.org/10.1097/01.med.0000436184.42554.b7

Vincent, B. W. (2018). Studying trans: Recommendations for ethical recruitment and collaboration with transgender participants in academic research. *Psychology & Sexuality*, *9*(2), 102–116. https://doi.org/10.1080/19419899.2018.1434558

von Doussa, H., Power, J., & Riggs, D. (2015). Imagining parenthood: The possibilities and experiences of parenthood among transgender people. *Culture, Health & Sexuality*, *17*(9), 1119–1131. https://doi.org/10.1080/13691058.2015.1042919

Walks, M. (2015). Masculine pregnancy: Butch lesbians', trans men's & genderqueer individuals' experiences. In N. Burton (Ed.), *Natal signs: Cultural representations of pregnancy, birth, and parenting* (pp. 41–57). Demeter Press.

Wierckx, K., Van Caenegem, E., Pennings, G., Elaut, E., Dedecker, D., Van de Peer, F., Weyers, S., De Sutter, P., & T'Sjoen, G. (2012). Reproductive wish in transsexual men. *Human Reproduction (Oxford, England))*, *27*(2), 483–487. https://doi.org/10.1093/humrep/der406